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## BIB DATA SHEET

CONFIRMATION NO. 5126

<b>SERIAL NUMBER</b> 09/978,457	<b>FILING or 371(c) DATE</b> 10/16/2001 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3763	<b>ATTORNEY DOCKET NO.</b> 56301P579D	
<b>APPLICANTS</b> Joseph J. Chang, Irving, TX; <b>** CONTINUING DATA *****</b> This application is a DIV of 09/476,429 12/30/1999 PAT 6,322,537 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 11/16/2001					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /THEODORE J STIGELL/ Acknowledged Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> TX	<b>SHEETS DRAWINGS</b> 2	<b>TOTAL CLAIMS</b> 11	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> WOOD, HERRON AND EVANS 2700 CAREW TOWER CINCINNATI, OH 45202 UNITED STATES					
<b>TITLE</b> Safety intravenous catheter					
<b>FILING FEE RECEIVED</b> 790	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		